

Periodontics (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D4210	EP	GINGIVECTOMY/PLASTY PER QUADRANT • Limited to cases involving gingival hyperplasia due to medication reaction or pregnancy. • 1 quad = 1 unit of service. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$251.94	N	0	17
D4211		GINGIVECTOMY/PLASTY PER TOOTH • Limited to cases involving gingival hyperplasia due to medication reaction or pregnancy. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$167.28	N	18	20
D4211	EP	GINGIVECTOMY/PLASTY PER TOOTH • Limited to cases involving gingival hyperplasia due to medication reaction or pregnancy. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$217.46	N	0	17
D4240		GINGIVAL FLAP PROCEDURE W/ PLANING PER QUADRANT • 1 quad = 1 unit of service • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$222.36	N	18	20
D4240	EP	GINGIVAL FLAP PROCEDURE W/ PLANING PER QUADRANT • 1 quad = 1 unit of service • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$289.07	N	0	17

Periodontics (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH, PER QUAD • 1 quad = 1 unit of service • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$63.24	N	18	20
D4241	EP	GNGVL FLAP W ROOTPLAN 1-3 TH, PER QUAD • 1 quad = 1 unit of service • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$82.21	N	0	17
D4260		OSSEOUS SURGERY PER QUADRANT • 1 quad = 1 unit of service • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$326.40	N	18	999
D4260	EP	OSSEOUS SURGERY PER QUADRANT • 1 quad = 1 unit of service • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$424.32	N	0	17
D4261		OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QUADRANT • 1 quad = 1 unit of service • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$163.20	N	18	999
D4261	EP	OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QUADRANT • 1 quad = 1 unit of service • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right	Fee Sched	\$212.16	N	0	17

Periodontics (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D4270		PEDICLE SOFT TISSUE GRAFT PROCEDURE	Fee Sched	\$248.88	N	18	999
D4270	EP	PEDICLE SOFT TISSUE GRAFT PROCEDURE	Fee Sched	\$323.54	N	0	17
D4271		FREE SOFT TISSUE GRAFT PROCEDURE	Fee Sched	\$257.04	N	18	999
D4271	EP	FREE SOFT TISSUE GRAFT PROCEDURE	Fee Sched	\$334.15	N	0	17
D4320		PROVISION SPLINTING INTRACORONAL	Fee Sched	\$138.72	N	18	999
D4320	EP	PROVISION SPLINTING INTRACORONAL	Fee Sched	\$180.34	N	0	17
D4321		PROVISION SPLINTING INTRACORONAL	Fee Sched	\$122.40	N	18	999
D4321	EP	PROVISION SPLINTING INTRACORONAL	Fee Sched	\$159.12	N	0	17
D4341		PERIODONTAL SCALING & ROOT PLANING <ul style="list-style-type: none"> • 1 quadrant = 1 unit of service. • Providers are allowed to bill up to 4 quadrants every year. • Must scale and root plane at least 4 teeth per quadrant. Pocket depths of at least 4 mm must be documented in the medical history. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right 	Fee Sched	\$102.00	N	18	999
D4341	EP	PERIODONTAL SCALING & ROOT PLANING <ul style="list-style-type: none"> • 1 quadrant = 1 unit of service. • Providers are allowed to bill up to 4 quadrants every year. • Must scale and root plane at least 4 teeth per quadrant. Pocket depths of at least 4 mm must be documented in the medical history. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right 	Fee Sched	\$132.60	N	0	17
D4342		PERIODONTAL SCALING 1-3 TEETH <ul style="list-style-type: none"> • 1 quadrant = 1 unit of service. • Providers are allowed to bill up to 4 quadrants every year. • Must scale and root plane at least 4 teeth per quadrant. Pocket depths of at least 4 mm must be documented in the medical history. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right 	Fee Sched	\$55.08	N	18	999

Periodontics (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D4342	EP	PERIODONTAL SCALING 1-3 TEETH <ul style="list-style-type: none"> • 1 quadrant = 1 unit of service. • Providers are allowed to bill up to 4 quadrants every year. • Must scale and root plane at least 4 teeth per quadrant. Pocket depths of at least 4 mm must be documented in the medical history. • Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right 	Fee Sched	\$74.26	N	0	17
D4355		FULL MOUTH DEBRIDEMENT <ul style="list-style-type: none"> • To be used prior to periodontal scaling and root planning only if provider cannot determine extent of periodontal scaling and root planning without this procedure. • Limited to 1 time per year if medically indicated. 	Fee Sched	\$51.00	N	18	999
D4355	EP	FULL MOUTH DEBRIDEMENT <ul style="list-style-type: none"> • To be used prior to periodontal scaling and root planning only if provider cannot determine extent of periodontal scaling and root planning without this procedure. • Limited to 1 time per year if medically indicated. 	Fee Sched	\$66.30	N	0	17
D4910		PERIODONTAL MAINTENANCE PROCEDURES <ul style="list-style-type: none"> • To be used after initial periodontal scaling and root planning completed. • Limited to 1 time every 3 months if medically indicated. 	Fee Sched	\$40.80	N	18	999
D4910	EP	PERIODONTAL MAINTENANCE PROCEDURES <ul style="list-style-type: none"> • To be used after initial periodontal scaling and root planning completed. • Limited to 1 time every 3 months if medically indicated. 	Fee Sched	\$53.04	N	0	17
D4920		UNSCHEDULED DRESSING CHANGE	Fee Sched	\$26.52	N	18	999
D4920	EP	UNSCHEDULED DRESSING CHANGE	Fee Sched	\$34.48	N	0	17

6. Prosthodontics, removable

This services is available to clients of all ages with “Full” Medicaid. A partial denture five years or older may be replaced by full and/or partial dentures. Full dentures, ten years old or older, may be replaced when the treating dentist documents the need for replacement. Payment for the denture includes payment

for any tissue conditioners provided. Complete and partial dentures include routine post delivery care. **Call Provider Relations to verify if a client is eligible for a new denture or replacement for a lost one (see *Key Contacts*).**

Medicaid will replace lost dentures for eligible clients with a lifetime limit of **one** set. The claim form must include the age of the lost dentures and the term "Lost Dentures" written in the remarks section of the claim.

A dentist's prescription is required and must be kept in the client file in the following circumstances:

- All partial denture work
- All immediate denture work

Limitations or requirements for the dental codes are listed with the procedure codes.

The above limits may be exceeded when the dentist and the Department consultant agree the current dentures are causing the client serious physical health problems. In these situations, the provider should submit a prior authorization request. See the *Prior Authorization* chapter in this manual.

Denture billing date

Dentures must be billed using the date of service the client receives the dentures. The only exception is when the client is not eligible on the date of service, then the date of impression may be used.



A dentist's prescription is required for all partial and immediate denture work.

Prosthodontics - Removable							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D5110		DENTURES COMPLETE MAXILLARY • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.	Fee Sched	\$510.00	N	18	999
D5110	EP	DENTURES COMPLETE MAXILLARY • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.	Fee Sched	\$663.00	N	0	17
D5120		DENTURES COMPLETE MANDIBLAR • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.	Fee Sched	\$510.00	N	18	999
D5120	EP	DENTURES COMPLETE MANDIBLAR • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years.	Fee Sched	\$663.00	N	0	17

Prosthodontics - Removable (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D5130		DENTURES IMMEDIATE MAXILLARY <ul style="list-style-type: none"> • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years. 	Fee Sched	\$561.00	N	18	999
D5130	EP	DENTURES IMMEDIATE MAXILLARY <ul style="list-style-type: none"> • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years. 	Fee Sched	\$729.30	N	0	17
D5140		DENTURES IMMEDIATE MANDIBLAR <ul style="list-style-type: none"> • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years. 	Fee Sched	\$561.00	N	18	999
D5140	EP	DENTURES IMMEDIATE MANDIBLAR <ul style="list-style-type: none"> • 1 replacement per 10 years if medically necessary. 1 lost pair replacement per lifetime. • Call Provider Relations to verify if Medicaid has paid dentures within the past 10 years. 	Fee Sched	\$729.30	N	0	17
D5211		DENTURES MAXILLARY PARTIAL RESIN <ul style="list-style-type: none"> • Including any conventional clasps, rests and teeth. • Includes acrylic resin base denture with resin or wrought iron clasps. • 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime. 	Fee Sched	\$346.80	N	18	999
D5211	EP	DENTURES MAXILLARY PARTIAL RESIN <ul style="list-style-type: none"> • Including any conventional clasps, rests and teeth. • Includes acrylic resin base denture with resin or wrought iron clasps. • 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime. 	Fee Sched	\$450.84	N	0	17
D5212		DENTURES MANDIBLAR PARTIAL RESIN <ul style="list-style-type: none"> • Including any conventional clasps, rests and teeth. • Includes acrylic resin base denture with resin or wrought iron clasps. • 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime. 	Fee Sched	\$361.08	N	18	999
D5212	EP	DENTURES MANDIBLAR PARTIAL RESIN <ul style="list-style-type: none"> • Including any conventional clasps, rests and teeth. • Includes acrylic resin base denture with resin or wrought iron clasps. • 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime. 	Fee Sched	\$469.40	N	0	17

Prosthodontics - Removable (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D5213		DENTURES MAXILLARY PARTIAL METAL <ul style="list-style-type: none"> • Case metal framework with resin denture bases. • Including any conventional clasps, rests and teeth. • 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime. 	Fee Sched	\$612.00	N	18	999
D5213	EP	DENTURES MAXILLARY PARTIAL METAL <ul style="list-style-type: none"> • Case metal framework with resin denture bases. • Including any conventional clasps, rests and teeth. • 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime. 	Fee Sched	\$795.60	N	0	17
D5214		DENTURES MANDIBLAR PARTIAL METAL <ul style="list-style-type: none"> • Case metal framework with resin denture bases. • Including any conventional clasps, rests and teeth. • 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime. 	Fee Sched	\$612.00	N	18	999
D5214	EP	DENTURES MANDIBLAR PARTIAL METAL <ul style="list-style-type: none"> • Case metal framework with resin denture bases. • Including any conventional clasps, rests and teeth. • 1 replacement per 5 years if medically necessary. 1 lost pair replacement per lifetime. 	Fee Sched	\$795.60	N	0	17
D5410		DENTURES ADJUST COMPLETE MAXILLARY <ul style="list-style-type: none"> • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code. 	Fee Sched	\$24.48	N	18	999
D5410	EP	DENTURES ADJUST COMPLETE MAXILLARY <ul style="list-style-type: none"> • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code. 	Fee Sched	\$31.82	N	0	17
D5411		DENTURES ADJUST COMPLETE MANDIBULAR <ul style="list-style-type: none"> • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code. 	Fee Sched	\$24.48	N	18	999
D5411	EP	DENTURES ADJUST COMPLETE MANDIBULAR <ul style="list-style-type: none"> • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code. 	Fee Sched	\$31.82	N	0	17
D5421		DENTURES ADJUSTMENT PARTIAL MAXILLARY <ul style="list-style-type: none"> • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code. 	Fee Sched	\$24.48	N	18	999
D5421	EP	DENTURES ADJUSTMENT PARTIAL MAXILLARY <ul style="list-style-type: none"> • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code. 	Fee Sched	\$31.82	N	0	17

Prosthodontics - Removable (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D5422		DENTURES ADJUSTMNT PARTIAL MANDIBULAR • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code.	Fee Sched	\$24.48	N	18	999
D5422	EP	DENTURES ADJUSTMNT PARTIAL MANDIBULAR • The first 3 adjustments after dentures are placed are included in the denture price. • Any additional or yearly adjustments can be billed using this code.	Fee Sched	\$31.82	N	0	17
D5510		DENTURE REPAIR BROKEN COMPLETE BASE	Fee Sched	\$61.20	N	18	999
D5510	EP	DENTURE REPAIR BROKEN COMPLETE BASE	Fee Sched	\$79.56	N	0	17
D5520		REPLACE DENTURE TEETH COMPLETE • Replace missing or broken teeth-complete denture (each tooth). • Each additional tooth needs to be billed on separate lines with the tooth number indicated in the tooth number column.	Fee Sched	\$40.80	N	18	999
D5520	EP	REPLACE DENTURE TEETH COMPLETE • Replace missing or broken teeth-complete denture (each tooth). • Each additional tooth needs to be billed on separate lines with the tooth number indicated in the tooth number column.	Fee Sched	\$53.04	N	0	17
D5610		DENTURES REPAIR RESIN BASE • Repair resin saddle or base. • No teeth or metal involved.	Fee Sched	\$61.20	N	18	999
D5610	EP	DENTURES REPAIR RESIN BASE • Repair resin saddle or base.	Fee Sched	\$79.56	N	0	17
D5620		REPAIR PARTIAL DENTURE CAST FRAME	Fee Sched	\$83.64	N	18	999
D5620	EP	REPAIR PARTIAL DENTURE CAST FRAME	Fee Sched	\$108.73	N	0	17
D5630		REPAIR PARTIAL DENTURE CLASP	Fee Sched	\$75.48	N	18	999
D5630	EP	REPAIR PARTIAL DENTURE CLASP	Fee Sched	\$98.12	N	0	17
D5640		REPLACE PARTIAL DENTURE TEETH	Fee Sched	\$61.20	N	18	999
D5640	EP	REPLACE PARTIAL DENTURE TEETH	Fee Sched	\$79.56	N	0	17
D5650		ADD TOOTH TO PARTIAL DENTURE	Fee Sched	\$61.20	N	18	999
D5660	EP	ADD CLASP TO PARTIAL DENTURE	Fee Sched	\$132.60	N	0	17
D5710		DENTURES REBASE COMPLETE MAXILLARY • Rebase complete upper denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$204.00	N	18	999
D5710	EP	DENTURES REBASE COMPLETE MAXILLARY • Rebase complete upper denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$265.20	N	0	17

Prosthodontics - Removable (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D5650	EP	ADD TOOTH TO PARTIAL DENTURE	Fee Sched	\$79.56	N	0	17
D5660		ADD CLASP TO PARTIAL DENTURE	Fee Sched	\$102.00	N	18	999
D5711		DENTURES REBASE COMPLETE MANDIBULAR • Rebase complete lower denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$204.00	N	18	999
D5711	EP	DENTURES REBASE COMPLETE MANDIBULAR • Rebase complete lower denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$265.20	N	0	17
D5720		DENTURES REBASE PARTIAL MAXILLARY • Rebase upper partial denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$163.20	N	18	999
D5720	EP	DENTURES REBASE PARTIAL MAXILLARY • Rebase upper partial denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$212.16	N	0	17
D5721		DENTURES REBASE PARTIAL MANDIBULAR • Rebase lower partial denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$163.20	N	18	999
D5721	EP	DENTURES REBASE PARTIAL MANDIBULAR • Rebase lower partial denture (jump or duplicate). • Dentures must be 5 years old or older.	Fee Sched	\$212.16	N	0	17
D5730		DENTURE RELINE COMPLETE MAXILLARY CHAIRSIDE	Fee Sched	\$122.40	N	18	999
D5730	EP	DENTURE RELINE COMPLETE MAXILLARY CHAIRSIDE	Fee Sched	\$159.12	N	0	17
D5731		DENTURE RELINE COMPLETE MANDIBULAR CHAIRSIDE	Fee Sched	\$122.40	N	18	999
D5731	EP	DENTURE RELINE COMPLT MANDIB CHAIRSIDE	Fee Sched	\$159.12	N	0	17
D5740		DENTURE RELN PART MAXILLARY CHAIRSIDE	Fee Sched	\$102.00	N	18	999
D5740	EP	DENTURE RELN PART MAXILLARY CHAIRSIDE	Fee Sched	\$132.60	N	0	17
D5741		DENTURE RELN PART MANDIBULAR CHAIRSIDE	Fee Sched	\$102.00	N	18	999
D5741	EP	DENTURE RELN PART MANDIBULAR CHAIRSIDE	Fee Sched	\$132.60	N	0	17
D5750		DENTURE RELINE COMPLETE MAXILLARY LAB	Fee Sched	\$163.20	N	18	999
D5750	EP	DENTURE RELINE COMPLETE MAXILLARY LAB	Fee Sched	\$212.16	N	0	17
D5751		DENTURE RELINE COMPLET MANDIBULAR LAB	Fee Sched	\$163.20	N	18	999
D5751	EP	DENTURE RELINE CMPLETE MANDIBULAR LAB	Fee Sched	\$212.16	N	0	17
D5760		DENTURE RELINE PARTIAL MAXILLARY LAB	Fee Sched	\$163.20	N	18	999
D5760	EP	DENTURE RELINE PARTIAL MAXILLARY LAB	Fee Sched	\$212.16	N	0	17
D5761		DENTURE RELINE PARTIAL MANDIBULAR LAB	Fee Sched	\$163.20	N	18	999
D5761	EP	DENTURE RELINE PARTIAL MANDIBULAR LAB	Fee Sched	\$212.16	N	0	17

Prosthodontics - Removable (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D5820		DENTURE INTERM PARTIAL MAXILLARY • Use of a flipper is considered a partial denture. • Partial dentures will only be replaced 1 time every 5 years.	Fee Sched	\$204.00	N	18	20
D5820	EP	DENTURE INTERM PARTIAL MAXILLARY • Use of a flipper is considered a partial denture. • Partial dentures will only be replaced 1 time every 5 years.	Fee Sched	\$265.20	N	0	17
D5821		DENTURE INTERM PARTIAL MANDIBULAR • Use of a flipper is considered a partial denture. • Partial dentures will only be replaced 1 time every 5 years.	Fee Sched	\$204.00	N	18	20
D5821	EP	DENTURE INTERM PARTIAL MANDIBULAR Use of a flipper is considered a partial denture. Partial dentures will only be replaced 1 time every 5 years.	Fee Sched	\$265.20	N	0	17
D5850		TISSUE RECONDITIONING MAXILLARY	Fee Sched	\$53.04	N	18	999
D5850	EP	TISSUE RECONDITIONING MAXILLARY	Fee Sched	\$68.95	N	0	17
D5851		TISSUE RECONDITIONING MANDIBULAR	Fee Sched	\$53.04	N	18	999
D5851	EP	TISSUE RECONDITIONING MANDIBULAR	Fee Sched	\$68.95	N	0	17
D5899		REMOVABLE PROSTHODONTIC PROCEDURE	By Report	\$0.00	N	18	999
D5899	EP	REMOVABLE PROSTHODONTIC PROCEDURE	By Report	\$0.00	N	0	17

7. Prosthodontics, fixed

These services are only available to clients age 20 and under. Tooth colored, fixed partial denture pontics are only available for anterior teeth (6-11 and 22-27). Fixed partial denture pontics are not allowed for posterior teeth unless used to replace an anterior tooth. As an example, if tooth number 6 is missing, the fixed denture pontic will cover teeth numbers 5 – 7. In this example, tooth number 5 can be tooth colored. In cases where a posterior tooth is to be replaced, a partial denture must be used. Please review item number 6, *Prosthodontics, removable* for information regarding partial dentures. Fixed partial denture pontics are limited to one every tooth, every five years.

Fixed prosthodontics services are only available to clients age 20 and under.

Denture Pontics							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D6210		PROSTHODONTICS HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$408.00	N	18	20
D6210	EP	PROSTHODONTICS HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$530.40	N	0	17
D6211		BRIDGE BASE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$285.60	N	18	20
D6211	EP	BRIDGE BASE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$371.28	N	0	17
D6212		BRIDGE NOBLE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$326.40	N	18	20
D6212	EP	BRIDGE NOBLE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$424.32	N	0	17
D6240		BRIDGE PORCELAIN HIGH NOBLE • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$448.80	N	18	20
D6240	EP	BRIDGE PORCELAIN HIGH NOBLE • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$583.44	N	0	17
D6241		BRIDGE PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$367.20	N	18	20
D6241	EP	BRIDGE PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$477.36	N	0	17
D6242		BRIDGE PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$408.00	N	18	20

Denture Pontics (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D6242	EP	BRIDGE PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$530.40	N	0	17
D6245		BRIDGE PORCELAIN/CERAMIC • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$308.04	N	18	20
D6245	EP	BRIDGE PORCELAIN/CERAMIC • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$400.45	N	0	17
D6250		BRIDGE RESIN W/HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$408.00	N	18	20
D6250	EP	BRIDGE RESIN W/HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$530.40	N	0	17
D6251		BRIDGE RESIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$285.60	N	18	20
D6251	EP	BRIDGE RESIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$371.28	N	0	17
D6252		BRIDGE RESIN W/NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$367.20	N	18	20
D6252	EP	BRIDGE RESIN W/NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27). See 7. Prosthodontics – Fixed for additional limits.	Fee Sched	\$477.36	N	0	17

Crowns							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D6720		RETAIN CROWN RESIN W HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$408.00	N	18	20
D6720	EP	RETAIN CROWN RESIN W HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$530.40	N	0	17
D6721		CROWN RESIN W/BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$306.00	N	18	20
D6721	EP	CROWN RESIN W/BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$397.80	N	0	17
D6722		CROWN RESIN W/NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$346.80	N	18	20
D6722	EP	CROWN RESIN W/NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$450.84	N	0	17
D6740		CROWN PORCELAIN/CERAMIC • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$326.40	N	18	20
D6740	EP	CROWN PORCELAIN/CERAMIC • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$424.32	N	0	17
D6750		CROWN PORCELAIN HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$489.60	N	18	20

Crowns (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D6750	EP	CROWN PORCELAIN HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$636.48	N	0	17
D6751		CROWN PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$326.40	N	18	20
D6751	EP	CROWN PORCELAIN BASE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$424.32	N	0	17
D6752		CROWN PORCELAIN NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$408.00	N	18	20
D6752	EP	CROWN PORCELAIN NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$530.40	N	0	17
D6780		CROWN 3/4 HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$387.60	N	18	20
D6780	EP	CROWN 3/4 HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$503.88	N	0	17
D6781		CROWN 3/4 CAST BASED METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$318.24	N	18	20
D6781	EP	CROWN 3/4 CAST BASED METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$413.71	N	0	17

Crowns (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D6782		CROWN 3/4 CAST NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$320.28	N	18	20
D6782	EP	CROWN 3/4 CAST NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$416.36	N	0	17
D6783		CROWN 3/4 PORCELAIN/CERAMIC • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$322.32	N	18	20
D6783	EP	CROWN 3/4 PORCELAIN/CERAMIC • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$419.02	N	0	17
D6790		CROWN FULL HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$387.60	N	18	20
D6790	EP	CROWN FULL HIGH NOBLE METAL • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$503.88	N	0	17
D6791		CROWN FULL BASE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$285.60	N	18	20
D6791	EP	CROWN FULL BASE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$371.28	N	0	17
D6792		CROWN FULL NOBLE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$346.80	N	18	20
D6792	EP	CROWN FULL NOBLE METAL CAST • Only available to clients aged 20 and under. • Limited to anterior teeth (6-11 and 22-27) except when necessary for partial denture abutments. • 1 per tooth every 5 years.	Fee Sched	\$450.84	N	0	17

Other Fixed Partial Denture Services							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D6930		DENTAL RECEMENT BRIDGE	Fee Sched	\$40.80	N	18	20
D6930	EP	DENTAL RECEMENT BRIDGE	Fee Sched	\$53.04	N	0	17
D6950		PRECISION ATTACHMENT	Fee Sched	\$163.20	N	18	999
D6950	EP	PRECISION ATTACHMENT	Fee Sched	\$212.16	N	0	17
D6980		BRIDGE REPAIR	Fee Sched	\$106.08	N	18	20
D6980	EP	BRIDGE REPAIR	Fee Sched	\$137.90	N	0	17

8. Oral surgery

Impacted third molars or supernumerary teeth are covered only when they are symptomatic; that is, causing pain, infected, preventing proper alignment of permanent teeth or proper development of the arch.

Providers may use CPT-4 procedure codes for **medical** services provided in accordance of practice permitted under state licensure laws and other mandatory standards applicable to the provider. Medical services are those that involve the structure of the mouth (i.e. jaw bone). Any services involving the tooth, are considered **dental** services. Medical services can be billed on an ADA form as long as the services were provided in an office. If the procedures were done in a hospital or nursing facility setting, they must be billed on the CMS-1500 (formerly HCFA-1500) claim form with valid CPT-4 procedure codes and valid ICD-9-CM diagnosis codes. Providers who frequently bill for medical services should obtain a copy of the *Physician Related Services* manual. This manual is available on the Provider Information web site (see *Key Contacts*).

These procedures will be reimbursed through the resource based relative value scale (RBRVS) fee schedule. All CPT-4 codes billed will comply with rules as set forth in the Administrative Rules of Montana (ARM) for physicians. General anesthesia is listed in the CPT-4 procedures codes and must be billed using a CMS-1500 (formerly HCFA-1500) claim form.

Surgical extractions include local anesthesia and routine postoperative care.

Extractions and Surgery							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D7111		CORONAL REMNANTS DECIDUOUS TOOTH	Fee Sched	\$40.80	N	18	999
D7111	EP	CORONAL REMNANTS DECIDUOUS TOOTH	Fee Sched	\$53.04	N	0	17
D7140		EXTRACTION ERUPTED TOOTH/EXTRACTION • Extraction, erupted tooth or exposed root. • Includes local anesthesia, suturing, if needed, and routine postoperative care.	Fee Sched	\$44.88	N	18	999
D7140	EP	EXTRACTION ERUPTED TOOTH/EXTRACTION • Extraction, erupted tooth or exposed root. • Includes local anesthesia, suturing, if needed, and routine postoperative care.	Fee Sched	\$58.34	N	0	17
D7210		SURGICAL REMOVAL ERUPTED TOOTH • Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. • Includes cutting of gingival and bone, removal of tooth structure, and closure.	Fee Sched	\$81.60	N	18	999
D7210	EP	SURGICAL REMOVAL ERUPTED TOOTH • Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. • Includes cutting of gingival and bone, removal of tooth structure, and closure.	Fee Sched	\$106.08	N	0	17
D7220		IMPACT TOOTH REMOVAL SOFT TISSUE • Removal of impacted tooth-soft tissue. • Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.	Fee Sched	\$93.84	N	18	999
D7220	EP	IMPACT TOOTH REMOVAL SOFT TISSUE • Removal of impacted tooth-soft tissue. • Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.	Fee Sched	\$121.99	N	0	17
D7230		IMPACT TOOTH REMOVE PARTIALLY BONY • Removal of impacted tooth-partially bony (crown of tooth is partially covered by bone). • Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.	Fee Sched	\$122.40	N	18	999
D7230	EP	IMPACT TOOTH REMOVE PARTIALLY BONY • Removal of impacted tooth-partially bony (crown of tooth is partially covered by bone). • Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.	Fee Sched	\$159.12	N	0	17
D7240		IMPACT TOOTH REMOVE COMPLETELY BONY • Removal of impacted tooth-completely bony (crown of tooth is completely covered by bone). • Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.	Fee Sched	\$146.88	N	18	999

Extractions and Surgery (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D7240	EP	IMPACT TOOTH REMOVE COMPLETELY BONY <ul style="list-style-type: none"> Removal of impacted tooth-completely bony (crown of tooth is completely covered by bone). Most or all of crown covered by bone; requires muco-periosteal flap elevation and bone removal. 	Fee Sched	\$190.94	N	0	17
D7241		IMPACT TOOTH REM W/COMPLICATIONS	Fee Sched	\$204.00	N	18	999
D7241	EP	IMPACT TOOTH REM W/COMPLICATIONS	Fee Sched	\$265.20	N	0	17
D7250		TOOTH ROOT REMOVAL <ul style="list-style-type: none"> Surgical removal of residual tooth roots (cutting procedure). Includes cutting of soft tissue and bone, removal of tooth structure and closure. 	Fee Sched	\$81.60	N	18	999
D7250	EP	TOOTH ROOT REMOVAL <ul style="list-style-type: none"> Surgical removal of residual tooth roots (cutting procedure). Includes cutting of soft tissue and bone, removal of tooth structure and closure. 	Fee Sched	\$106.08	N	0	17
D7270		TOOTH REIMPLANTATION	Fee Sched	\$146.88	N	18	999
D7270	EP	TOOTH REIMPLANTATION	Fee Sched	\$190.94	N	0	17
D7280		SURGICAL UNERUPTED TOOTH	Fee Sched	\$122.40	N	18	999
D7280	EP	SURGICAL UNERUPTED TOOTH	Fee Sched	\$159.12	N	0	17
D7281		EXPOSURE TOOTH AID ERUPTION	Fee Sched	\$81.60	N	18	999
D7281	EP	EXPOSURE TOOTH AID ERUPTION	Fee Sched	\$106.08	N	0	17
D7282		MOBILIZE ERUPTED/MALPOSITIONED TOOTH	Fee Sched	\$40.80	N	18	999
D7282	EP	MOBILIZE ERUPTED/MALPOSITIONED TOOTH	Fee Sched	\$53.04	N	0	17
D7310		ALVEOPLASTY W/ EXTRACTION <ul style="list-style-type: none"> Alveoloplasty in conjunction with extractions – per quadrant. Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right 	Fee Sched	\$85.68	N	18	999
D7310	EP	ALVEOPLASTY W/ EXTRACTION <ul style="list-style-type: none"> Alveoloplasty in conjunction with extractions – per quadrant. Per quadrant, should be listed in the “Tooth Number” column as follows: LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right 	Fee Sched	\$111.38	N	0	17

Extractions and Surgery (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D7320		ALVEOPLASTY W/O EXTRACTION <ul style="list-style-type: none"> Alveoloplasty not in conjunction with extractions – per quadrant. Per quadrant, should be listed in the “Tooth Number” column as follows: <ul style="list-style-type: none"> LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right 	Fee Sched	\$108.12	N	18	999
D7320	EP	ALVEOPLASTY W/O EXTRACTION <ul style="list-style-type: none"> Alveoloplasty not in conjunction with extractions – per quadrant. Per quadrant, should be listed in the “Tooth Number” column as follows: <ul style="list-style-type: none"> LL – Lower Left UL – Upper Left LR – Lower Right UP – Upper Right 	Fee Sched	\$140.56	N	0	17
D7510		I&D ABSC INTRAORAL SOFT TISSUE	Fee Sched	\$55.08	N	18	999
D7510	EP	I&D ABSC INTRAORAL SOFT TISSUE	Fee Sched	\$71.60	N	0	17
D7520		I&D ABSCESS EXTRAORAL	Fee Sched	\$122.40	N	18	999
D7520	EP	I&D ABSCESS EXTRAORAL	Fee Sched	\$159.12	N	0	17
D7540		REMOVAL OF FOREIGN BODIES REACTION <ul style="list-style-type: none"> Removal of reaction-producing foreign bodies – musculoskeletal system. May include, but not limited to, removal of splinters, pieces of wire etc., from muscle and/or bone. 	Fee Sched	\$122.40	N	18	999
D7540	EP	REMOVAL OF FOREIGN BODIES REACTION <ul style="list-style-type: none"> Removal of reaction-producing foreign bodies – musculoskeletal system. May include, but not limited to, removal of splinters, pieces of wire etc., from muscle and/or bone. 	Fee Sched	\$159.12	N	0	17
D7550		REMOVAL OF SLOUGHED OFF BONE <ul style="list-style-type: none"> Sequestrectomy for Osteomyelitis Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply. 	Fee Sched	\$142.80	N	18	999
D7550	EP	REMOVAL OF SLOUGHED OFF BONE <ul style="list-style-type: none"> Sequestrectomy for Osteomyelitis. Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply. 	Fee Sched	\$185.64	N	0	17
D7560		MAXILLARY SINUSOTOMY	Fee Sched	\$265.20	N	18	999
D7560	EP	MAXILLARY SINUSOTOMY	Fee Sched	\$344.76	N	0	17

Repair of Traumatic Wounds							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D7910		DENTAL SUTURE RECENT WOUNDS TO 5 CM	Fee Sched	\$281.52	N	18	999
D7910	EP	DENTAL SUTURE RECENT WOUNDS TO 5 CM	Fee Sched	\$365.98	N	0	17
D7970		EXCISION HYPERPLASTIC TISSUE • Excision of hyperplastic tissue, per arch. • For edentulous client.	Fee Sched	\$979.20	N	18	20
D7970	EP	EXCISION HYPERPLASTIC TISSUE	Fee Sched	\$1,272.96	N	0	17

Complicated Suturing							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D7911		DENTAL SUTURE WOUND TO 5 CM • Complicated suture – up to 5 cm. • Reconstruction requiring delicate handling of tissues and wide under-mining for meticulous closure. • Excludes closure of surgical incision.	Fee Sched	\$110.16	N	18	999
D7911	EP	DENTAL SUTURE WOUND TO 5 CM • Complicated suture – up to 5 cm. • Reconstruction requiring delicate handling of tissues and wide under-mining for meticulous closure. • Excludes closure of surgical incision.	Fee Sched	\$143.21	N	0	17
D7912		SUTURE COMPLICATE > 5 CM Complicated suture – greater than 5 cm. Reconstruction requiring delicate handling of tissues and wide under-mining for meticulous closure. Complicated suture – up to 5 cm.	Fee Sched	\$163.20	N	18	999
D7912	EP	SUTURE COMPLICATE > 5 CM • Complicated suture – greater than 5 cm. • Reconstruction requiring delicate handling of tissues and wide under-mining for meticulous closure. • Complicated suture – up to 5 cm.	Fee Sched	\$212.16	N	0	17

9. Orthodontics

See the *Orthodontia Services and Requirements* chapter in this manual for more information on covered orthodontia services and limitations.

Orthodontics							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D8050		INTERCEPTIVE DENTAL TREATMENT PRIMARY	By Report	\$0.00	Y	18	20
D8050	EP	INTERCEPTIVE DENTAL TREATMENT PRIMARY	By Report	\$0.00	Y	0	17
D8060		INTERCEPTIVE DENTAL TREATMENT TRANSITIONAL	By Report	\$0.00	Y	18	20
D8060	EP	INTERCEPTIVE DENTAL TREATMENT TRANSITIONAL	By Report	\$0.00	Y	0	17
D8070		COMPREHENSIVE DENTAL TX TRANSITIONAL	By Report	\$0.00	Y	18	20
D8070	EP	COMPREHENSIVE DENTAL TX TRANSITIONAL	By Report	\$0.00	Y	0	17
D8080		COMPREHENSIVE DENTAL TX ADOLESCENT	By Report	\$0.00	Y	18	20
D8080	EP	COMPREHENSIVE DENTAL TX ADOLESCENT	By Report	\$0.00	Y	0	17
D8090		COMPREHENSIVE DENTAL TX ADULT	By Report	\$0.00	Y	18	20
D8090	EP	COMPREHENSIVE DENTAL TX ADULT	By Report	\$0.00	Y	0	17
D8220		FIXED APPLIANCE THERAPY HABIT	By Report	\$291.72	N	18	999
D8220	EP	FIXED APPLIANCE THERAPY HABIT	By Report	\$379.24	N	0	17
D8670		PERIODIC ORTHODONTIC TREATMENT VISIT • Not more than each 27 days.	By Report	\$0.00	Y	18	20
D8670	EP	PERIODIC ORTHODONTIC TREATMENT VISIT • Not more than each 27 days.	By Report	\$0.00	Y	0	17

General Services							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D9110		TREATMENT DENTAL PAIN MINOR PROCEDURE • Palliative (emergency) treatment of dental pain – minor procedures. • Writing prescriptions, occlusal adjustments, emergency examinations, and instructions for home care are not included.	By Report	\$40.80	N	18	999
D9110	EP	TREATMENT DENTAL PAIN MINOR PROCEDURE • Palliative (emergency) treatment of dental pain – minor procedures. • Writing prescriptions, occlusal adjustments, emergency examinations, and instructions for home care are not included.	Fee Sched	\$53.04	N	0	17
D9230	EP	ANALGESIA, NITROUS OXIDE	Fee Sched	\$23.87	N	0	12

General Services (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D9241		INTRAVENOUS SEDATION • IV Sedation (first 30 minutes). • May only be used if the client is physically or emotionally unable to undergo the proposed treatment or procedures using local anesthesia alone or in conjunction with oral sedation and/or nitrous oxide.	Fee Sched	\$119.22	N	0	999
D9241	EP	INTRAVENOUS SEDATION • IV Sedation (first 30 minutes). • May only be used if the client is physically or emotionally unable to undergo the proposed treatment or procedures using local anesthesia alone or in conjunction with oral sedation and/or nitrous oxide.	Fee Sched	\$154.99	N	0	17
D9242		IV SEDATION EACH ADDITIONAL 15 MINUTES • IV Sedation (first additional 15 minutes). • May only be used if the client is physically or emotionally unable to undergo the proposed treatment or procedures using local anesthesia alone or in conjunction with oral sedation and/or nitrous oxide.	Fee Sched	\$44.71	N	0	999
D9242	EP	IV SEDATION EACH ADDITIONAL 15 MINUTES • IV Sedation (first additional 15 minutes). • May only be used if the client is physically or emotionally unable to undergo the proposed treatment or procedures using local anesthesia alone or in conjunction with oral sedation and/or nitrous oxide.	Fee Sched	\$58.12	N	0	17
D9248		SEDATION (NON-INTRAVENOUS)	By Report	\$0.00	N	18	999
D9248	EP	SEDATION (NON-INTRAVENOUS)	Fee Sched	\$114.95	N	0	17
D9310		DENTAL CONSULTATION • Consultation – diagnostic service provided by dentist or physician other than practitioner providing treatment. • Includes specialist consultation; should not be reported to describe discussion of treatment plan.	Fee Sched	\$32.64	N	18	999
D9310	EP	DENTAL CONSULTATION • Consultation – diagnostic service provided by dentist or physician other than practitioner providing treatment. • Includes specialist consultation; should not be reported to describe discussion of treatment plan.	Fee Sched	\$42.43	N	0	17
D9410		DENTAL HOUSE CALL • House call – also used for nursing home visits. • 1 nursing home call per day even when multiple clients are seen.	Fee Sched	\$61.20	N	18	999
D9410	EP	DENTAL HOUSE CALL • House call – also used for nursing home visits. • 1 nursing home call per day even when multiple clients are seen.	Fee Sched	\$79.56	N	0	17

General Services (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D9420		HOSPITAL CALL <ul style="list-style-type: none"> • Code is to be used when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed. • Code can only be billed 3 times per day even when multiple clients are seen, and one of the following conditions must be met: <ul style="list-style-type: none"> • The client is unable to be managed in the office or is medically unstable. • Medical necessity must be documented in the client file. 	Fee Sched	\$61.20	N	18	999
D9420	EP	HOSPITAL CALL <ul style="list-style-type: none"> • Code is to be used when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed. • Code can only be billed 3 times per day even when multiple clients are seen, and one of the following conditions must be met: <ul style="list-style-type: none"> • The client is unable to be managed in the office or is medically unstable. • Medical necessity must be documented in the client file. 	Fee Sched	\$79.56	N	0	17
D9440		OFFICE VISIT AFTER HOURS	Fee Sched	\$40.80	N	18	999
D9440	EP	OFFICE VISIT AFTER HOURS	Fee Sched	\$53.04	N	0	17
D9630		OTHER DRUGS/MEDICAMENTS <ul style="list-style-type: none"> • Includes but not limited to oral antibiotics, oral analgesics, and topical fluoride dispensed in the office for home use; does not include writing prescriptions. 	Fee Sched	\$10.20	N	18	999
D9630	EP	OTHER DRUGS/MEDICAMENTS <ul style="list-style-type: none"> • Includes but not limited to oral antibiotics, oral analgesics, and topical fluoride dispensed in the office for home use; does not include writing prescriptions. 	Fee Sched	\$13.26	N	0	17
D9920		BEHAVIOR MANAGEMENT <ul style="list-style-type: none"> • 15 minutes = 1 unit of service. • Billed in 15 minute units. • Limit of 12 units per year. • Max = 4 units per visit. • Code can only be billed where an office treatment requires extraordinary effort and is the only alternative to general anesthesia. • Includes any and all pharmacological, psychological, physical management adjuncts required or utilized. 	Fee Sched	\$32.64	N	18	999

General Services (continued)							
Adult Code	Child Code	Description	Fee Method	Fees	PA	Min Age	Max Age
D9920	EP	BEHAVIOR MANAGEMENT <ul style="list-style-type: none"> • 15 minutes = 1 unit of service. • Billed in 15 minute units. • Limit of 12 units per year. • Max = 4 units per visit. • Code can only be billed where an office treatment requires extraordinary effort and is the only alternative to general anesthesia. • Includes any and all pharmacological, psychological, physical management adjuncts required or utilized. 	Fee Sched	\$42.43	N	0	17

Service limits do not apply to individuals up to and including age 20.



Date of Service

Date of service is the date a procedure is completed. However, there are instances where Medicaid will allow a date other than the completion date.

Dentures must be billed using the date of service the client receives the dentures. The only exception is when the client is not eligible on the date of service, then the date of impression may be used.

If a crown or bridge has been sent to the laboratory for final processing, and the client never shows for the appointment to have the final placement, providers may bill the date of service as the date the crown or bridge was sent to the laboratory for final processing. However, the client must have Medicaid eligibility at the time the crown or bridge is sent to the lab. Bridges are limited to clients age 20 and under. All crowns other than pre-fabricated stainless steel and pre-fabricated resin are only available to clients with "Full" Medicaid coverage age 20 and under.

If a provider has opened the area for a root canal but anticipates the client will not return for completion or is referring client to another provider for root canal completion, procedure D3220 (covered for ages 20 and under only) may be billed. However, root canal codes must be billed to Medicaid at the time of completion.

Fee Schedule

All procedures listed in the Montana Medicaid Fee Schedule are covered by the Medicaid program and must be used in conjunction with the limits listed in this manual. If CDT-4 codes exist and are not listed in the Montana Medicaid Fee Schedule, the items are not a covered service of the Medicaid program. Services that are not covered or exceed the specified limits can be billed to the client as long as the provider informs the client, prior to providing the services, that the client

will be billed and the client agrees to be private pay. Fee schedules are available on the Provider Information web site or on disk or hardcopy from Provider Relations (see *Key Contacts*).

Calculating Service Limits

Any service which is covered only at specified intervals for adults will have a notation next to the procedure code with information about the limit in the *Coverage of Specific Services* section of this chapter. When scheduling appointments, please be aware limits are controlled by our computerized claims payment system in this manner. Limits on these services are controlled by matching the date on the last service against the current service date to assure the appropriate amount of time (six months, one year, or three years) has elapsed.

For example, if an adult received an examination on February 27, and the same service was provided again on February 26 of the following year, the claim would be denied as a complete year would not have passed between services. If the service were provided on February 27 of the following year, or after, it would be paid.

Providers should call Provider Relations (see *Key Contacts*) to get the last date of service for those procedure codes with time limits or other limitations of dental services. This information will allow the provider to calculate service limitations, but it does not guarantee payment of service for service-limited procedures. In certain circumstances, prior authorization may be granted for services when limits have been exceeded. See the *Prior Authorization* chapter in this manual.

EPSDT Services for Individuals Age 20 and Under

Limits on medically necessary services (e.g., exams, prophylaxis, x-rays, etc.) do not apply to clients age 20 and younger as part of the Early Periodic Screening Diagnosis and Treatment (EPSDT) program. Medicaid has a systematic way of exempting children from the service limits. Therefore, providers no longer need to indicate "EPSDT" on the claim form for the limits to be overridden.

If you are providing a procedure not listed in the Montana Medicaid fee schedule to a child and it is medically necessary, please contact the Dental Program Officer (see *Key Contacts*) for claims processing instructions.

